

REVALIDATION OF OCCUPATIONAL DISEASE SPECIALIST STATUS

PERSONAL DETAILS OF CANDIDATE	PERSONAL DETAILS OF APPRAISER	PERSONAL DETAILS OF APPRAISER	
Surname	Surname		
First names	First names		
Name of firm	Name of firm		
Address	Address		
APIL membership no	APIL membership no (if appropriate)		
Signed	Relationship of appraiser to candidate		
Date			

1. Involvement with personal injury work

I confirm that:	Initials
the candidate continues to be engaged in occupational disease work, which is predominantly for the claimant	

4. Professional development to enhance knowledge and skills

The following are regarded as behaviours demonstrating effective professional development and self-awareness:

• You are active in keeping up to date with developments in occupational disease law, through reading journals and participation in conferences and training, and you are always willing to share your expertise with colleagues.

I confirm that:

8. File review

ſ	I confirm that:	Initials
	I have reviewed a sample of the occupational disease files of the candidate and I have found the advice offered to clients to be adequate and appropriate.	

CONCLUSION

I have conducted a face-to-face appraisal with the candidate and I have reviewed with him/her the quality of their professional work in occupational disease, as evidenced by the files for which he/she has been responsible over the past five years, and feedback on these; and his/her participation in continuing professional development.

In the light of this review:

EITHER*

	Signed	Date
I recommend that the candidate be revalidated by APIL as an Accredited Occupational Disease Specialist		

OR*

I cannot recommend revalidation because:	Signed	Date
• My review of the candidate's occupational disease files discloses inadequate or inappropriate advice to clients, anonymised details of which are given on the attached sheet.		
 I am not satisfied that those of the behaviours above, which I have <u>not</u> initialled, are adequately displayed in relation to the candidate's occupational disease work, for the reasons given on the attached sheet. 		
The candidate no longer undertakes a sufficient amount of occupational disease work to provide evidence of effective deployment of the behaviours above.		

*Delete as appropriate